


TENNESSEE UNIFORM TRAFFIC ACCIDENT REPORT

PAGE 1 of _____

DOCUMENT CONTROL NUMBER (DO NOT USE)				LOCAL AGENCY USE				REFERENCE NUMBER 2917480			
REPORTING AGENCY 1 <input type="checkbox"/> THP 2 <input type="checkbox"/> CPD 3 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER				NAME OF INVESTIGATING AGENCY				HIT AND RUN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		SOLVED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	
DATE OF ACCIDENT MO. DAY YRL.		DAY OF ACCIDENT SUN M T W THU F S 1 2 3 4 5 6 7		TIME OF ACCIDENT 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM		POLICE NOTIFIED 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM		POLICE ARRIVED 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM		INVESTIGATION COMPLETE? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	
TYPE ACCIDENT 1 <input type="checkbox"/> FATAL 2 <input type="checkbox"/> INJURY 3 <input type="checkbox"/> PROPERTY DAMAGE				TOTAL VEHICLES		TOTAL KILLED		TOTAL INJURED		TOTAL UNINJURED	
COUNTRY: _____				CODE <input type="checkbox"/> IN ("X" IF INSIDE CITY LIMITS)		CODE		1 <input type="checkbox"/> URBAN 2 <input type="checkbox"/> RURAL 3 <input type="checkbox"/> BUSINESS 4 <input type="checkbox"/> RESIDENTIAL 5 <input type="checkbox"/> SCHOOL			
OCCURRED ON: STREET, HWY. NAME, OR ROUTE NUMBER				SR. NO.		AT INTERSECTION WITH:		SR. NO.			
OR: NEAREST INTERSECTION, BRIDGE, RR CROSSING (HOUSE NO. - CITY ONLY) ____ FEET <input type="checkbox"/> N <input type="checkbox"/> E OR ____ MILES <input type="checkbox"/> S <input type="checkbox"/> W				____ FEET <input type="checkbox"/> N <input type="checkbox"/> E OR ____ MILES <input type="checkbox"/> S <input type="checkbox"/> W		MILE POST					
0 <input type="checkbox"/> NON-INTERSECTION 3 <input type="checkbox"/> BRIDGE 4 <input type="checkbox"/> UNDERPASS 1 <input type="checkbox"/> INTERSECTION 5 <input type="checkbox"/> RAMP 2 <input type="checkbox"/> RR-XING GRADE XING NO. 6 <input type="checkbox"/> PRIVATE PROPERTY				CO. NO.		ROUTE NUMBER		SPC CASE		CO. SEQ.	
				LOG MILE		LOC		FXOB			
VEH. 1		YEAR		MAKE		MODEL		COLOR		BODY TYPE	
1										VIN	
LICENSE PLATE NO.		STATE		YEAR		VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		TRAILER CODE		VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	
										VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	
										IF TOWED, WHERE?	
VEHICLE GOING ON: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W				POSTED SPEED		OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400					
DRIVER'S FIRST NAME MI LAST				DOB: MO. DAY YR.		DRIVER LICENSE NO. STATE					
DRIVER'S ADDRESS CITY STATE ZIP				TELEPHONE NUMBER							
LICENSE CLASS/TYPE ENDORSEMENT CODE(S)				ENDORSEMENT COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		RESTRICTION CODE(S)					
OWNER'S NAME FIRST MI LAST				DOB: MO. DAY YR.		DRIVER LICENSE NO. STATE					
SAME AS DRIVER				CITY STATE ZIP		TELEPHONE NO.		SPECIAL VEHICLE USAGE (Enter Code) CMV <input type="checkbox"/> YES <input type="checkbox"/> NO			
OWNER'S ADDRESS											
VEH. 2		YEAR		MAKE		MODEL		COLOR		BODY TYPE	
2										VIN	
LICENSE PLATE NO.		STATE		YEAR		VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		TRAILER CODE		VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	
										VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	
										IF TOWED, WHERE?	
VEHICLE GOING ON: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W				POSTED SPEED		OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400					
DRIVER'S FIRST NAME MI LAST				DOB: MO. DAY YR.		DRIVER LICENSE NO. STATE					
DRIVER'S ADDRESS CITY STATE ZIP				TELEPHONE NUMBER							
LICENSE CLASS/TYPE ENDORSEMENT CODE(S)				ENDORSEMENT COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		RESTRICTION CODE(S)					
OWNER'S NAME FIRST MI LAST				DOB: MO. DAY YR.		DRIVER LICENSE NO. STATE					
SAME AS DRIVER				CITY STATE ZIP		TELEPHONE NO.		SPECIAL VEHICLE USAGE (Enter Code) CMV <input type="checkbox"/> YES <input type="checkbox"/> NO			
OWNER'S ADDRESS											
CITATIONS ISSUED?		DRIVER NO. COURT DIV.		COURT DATE		DRIVER NO. COURT DIV.		COURT DATE		CITATION NO.	
1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		CHARGES		CITATION NO.		CHARGES		CITATION NO.			
INVESTIGATING OFFICER RANK & NAME (Print Name)				BADGE/ID NO.		DIST/ZONE		CAR. NO.		REPORT DATE MO. DAY YR.	

DOCUMENT CONTROL NUMBER (DO NOT USE)	LOCAL AGENCY USE	REFERENCE NUMBER 2917480
--------------------------------------	------------------	-----------------------------

DESCRIBE WHAT HAPPENED: _____

	1	2	3	4	5	6	7	
	COLLISION DIAGRAM							
								 INDICATE NORTH BY ARROW
1								1
2								2
3								3
4								4
5								5
6								6
	1	2	3	4	5	6	7	

INVESTIGATOR'S SIGNATURE _____ DATE _____

REPORT REVIEWED BY: _____ DATE _____

TENNESSEE UNIFORM TRAFFIC ACCIDENT REPORT
TRUCK and/or BUS SUPPLEMENT

Page _____ of _____	
DO NOT USE THIS BLOCK	DOCUMENT CONTROL NUMBER _____
LOCAL AGENCY USE	REFERENCE NUMBER _____
ACCIDENT DATE MO. _____ DAY _____ YR. _____	TIME OF ACCIDENT _____ : _____ a.m. HRS. _____ : MINS. _____ p.m.
REPORTING AGENCY 1. _____ THP 3. _____ SO 2. _____ CPD 4. _____ OTHER	
INVESTIGATING AGENCY _____	
WHEN TO USE THIS FORM: Answers to questions below determine use. Did the Accident involve -- 1. Truck with at least 2 axles, 6 tires or haz. mat. placard? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Bus with seats for more than 15 people, including the driver? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>STOP -- If response to both questions is "NO" -- Do Not Fill Out Form.</u> 3. Person(s) fatally injured? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Injured Person(s) taken away for medical attention? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Vehicle(s) Towed from scene? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>STOP -- If response to 3, 4, and 5 is "NO" -- Do Not Fill Out Form.</u> <u>If response to 3, 4, and 5 is "YES" -- FILL OUT FORM.</u>	
Total Number of Vehicles involved in this Accident _____	Number of FATALITIES as result of Accident: _____ Number of INJURIES as result of Accident: _____
As result of Accident was any Vehicle Towed? (1) _____ Yes (2) _____ No	
COUNTY _____	CODE _____ CITY _____ CODE _____ Location: Number/Name of Highway/Street _____
S.R. NO. _____	
VEH. _____	LICENSE PLATE NO. _____ STATE _____ YEAR _____ VIN (Vehicle Identification Number) _____
CARRIER'S IDENTIFICATION NUMBERS: US DOT (6 Digit Number) _____ ICC MC (6 Digit Number) _____	
IF NOT US DOT OR ICC MC, then State Name and Number STATE _____ STATE NUMBER _____	
CARRIER'S NAME: _____ Source _____ 1. _____ Vehicle Side of Carrier _____ 2. _____ Shipping Papers Name _____ 3. _____ Driver	
CARRIER'S ADDRESS _____ (Street or PO Box) _____ City _____ State _____ ZIP Code _____	
Gross Veh. Wt. Rating _____ lbs.	Axles on Vehicles, including trailers: _____ HAZ MAT INVOLVEMENT: Did VEH have HAZ MAT Placard? 1. _____ Yes 2. _____ No
Was Hazardous Cargo from Vehicle released? (do not count fuel from fuel tank) 1. _____ Yes 2. _____ No	
HAZ MAT Name: _____ Nos. from Haz Mat Placard 4-digit _____ 1-digit _____	
TRUCK OR BUS - DRIVER'S NAME Last _____ First _____ MI _____ DOB _____ Mo. _____ Day _____ Yr. _____ DRIVER LICENSE NO. _____ STATE _____	
VEH. _____	LICENSE PLATE NO. _____ STATE _____ YEAR _____ VIN (Vehicle Identification Number) _____
CARRIER'S IDENTIFICATION NUMBERS: US DOT (6 Digit Number) _____ ICC MC (6 Digit Number) _____	
IF NOT US DOT OR ICC MC, then State Name and Number STATE _____ STATE NUMBER _____	
CARRIER'S NAME: _____ Source _____ 1. _____ Vehicle Side of Carrier _____ 2. _____ Shipping Papers Name _____ 3. _____ Driver	
CARRIER'S ADDRESS _____ (Street or PO Box) _____ City _____ State _____ ZIP Code _____	
Gross Veh. Wt. Rating _____ lbs.	Axles on Vehicles, including trailers: _____ HAZ MAT INVOLVEMENT: Did VEH have HAZ MAT Placard? 1. _____ Yes 2. _____ No
Was Hazardous Cargo from Vehicle released? (do not count fuel from fuel tank) 1. _____ Yes 2. _____ No	
HAZ MAT Name: _____ Nos. from Haz Mat Placard 4-digit _____ 1-digit _____	
TRUCK OR BUS - DRIVER'S NAME Last _____ First _____ MI _____ DOB _____ Mo. _____ Day _____ Yr. _____ DRIVER LICENSE NO. _____ STATE _____	
INVESTIGATING OFFICER RANK & NAME (Print Name) _____ BADGE/ID NO. _____ DIST/ZONE _____ CAR NO. _____ REPORT DATE MO. _____ DAY _____ YR. _____	

WEATHER CONDITION <input type="checkbox"/> 1. No Adverse Condition <input type="checkbox"/> 2. Rain <input type="checkbox"/> 3. Sleet, Hail <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Fog <input type="checkbox"/> 6. Blowing Sand, Soil, Dirt, or Snow <input type="checkbox"/> 7. Severe Crosswinds <input type="checkbox"/> 8. Other _____ <input type="checkbox"/> 9. Unknown	LIGHT CONDITION <input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark - Not Lighted <input type="checkbox"/> 3. Dark - Lighted <input type="checkbox"/> 4. Dawn <input type="checkbox"/> 5. Dusk <input type="checkbox"/> 9. Unknown	ROAD SURFACE CONDITION VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Dry 2. Wet 3. Snow or Slush 4. Ice 5. Sand, Mud, Dirt or Oil 8. Other _____ 9. Unknown </div> </div>																																		
TRAFFICWAY VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Not Physically Divided (2-way trafficway) 2. Divided Highway, Median Strip, Without Traffic Barrier 3. Divided Highway, Median Strip, With Traffic Barrier 4. One - Way Trafficway </div> </div>		ACCESS CONTROL VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. No Control (unlimited access) 2. Full Control (ONLY ramp entry and exit) 3. Other _____ </div> </div>																																		
VEHICLE CONFIGURATION VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Bus 2. Single-unit truck: 2 axles, 6 tires 3. Single-unit truck: 3 or more axles 4. Truck/trailer 5. Truck tractor (bobtail) 6. Tractor/semi-trailer 7. Tractor/doubles 8. Tractor/triples 9. Unknown heavy truck, cannot classify </div> </div>		CARGO BODY TYPE VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Bus 2. Van/enclosed box 3. Cargo tank 4. Flatbed 5. Dump 6. Concrete mixer 7. Auto transporter 8. Garbage/refuse 9. Other _____ </div> </div>																																		
SEQUENCE OF EVENTS <p>Circle the numbers (up to four) that best describe the sequence of events for that vehicle.</p> <div style="display: flex;"> <div style="width: 45%;"> VEHICLE <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SEQUENCE</th> <th style="text-align: left;">SEQUENCE</th> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Ran off Road</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Jackknife</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Overturn</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Downhill runaway</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Cargo loss or shift</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Explosion or fire</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Separation of units</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Collision involving pedestrian</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Collision involving motor vehicle in transport</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Collision involving parked motor vehicle</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Collision involving train</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Collision involving pedalcycle</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Collision involving animal</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Collision involving fixed object</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Collision involving other object</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4 Other _____</td> </tr> </table> </div> <div style="width: 50%;"></div> </div>		SEQUENCE	SEQUENCE	1 2 3 4	1 2 3 4 Ran off Road	1 2 3 4	1 2 3 4 Jackknife	1 2 3 4	1 2 3 4 Overturn	1 2 3 4	1 2 3 4 Downhill runaway	1 2 3 4	1 2 3 4 Cargo loss or shift	1 2 3 4	1 2 3 4 Explosion or fire	1 2 3 4	1 2 3 4 Separation of units	1 2 3 4	1 2 3 4 Collision involving pedestrian	1 2 3 4	1 2 3 4 Collision involving motor vehicle in transport	1 2 3 4	1 2 3 4 Collision involving parked motor vehicle	1 2 3 4	1 2 3 4 Collision involving train	1 2 3 4	1 2 3 4 Collision involving pedalcycle	1 2 3 4	1 2 3 4 Collision involving animal	1 2 3 4	1 2 3 4 Collision involving fixed object	1 2 3 4	1 2 3 4 Collision involving other object	1 2 3 4	1 2 3 4 Other _____	APPARENT DRIVER CONDITION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> DRIVER VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Appeared Normal 2. Had Been Drinking 3. Illegal Drug Use 4. Sick 5. Fatigue 6. Asleep 7. Medication 8. Unknown </div> </div> </div> </div>
SEQUENCE	SEQUENCE																																			
1 2 3 4	1 2 3 4 Ran off Road																																			
1 2 3 4	1 2 3 4 Jackknife																																			
1 2 3 4	1 2 3 4 Overturn																																			
1 2 3 4	1 2 3 4 Downhill runaway																																			
1 2 3 4	1 2 3 4 Cargo loss or shift																																			
1 2 3 4	1 2 3 4 Explosion or fire																																			
1 2 3 4	1 2 3 4 Separation of units																																			
1 2 3 4	1 2 3 4 Collision involving pedestrian																																			
1 2 3 4	1 2 3 4 Collision involving motor vehicle in transport																																			
1 2 3 4	1 2 3 4 Collision involving parked motor vehicle																																			
1 2 3 4	1 2 3 4 Collision involving train																																			
1 2 3 4	1 2 3 4 Collision involving pedalcycle																																			
1 2 3 4	1 2 3 4 Collision involving animal																																			
1 2 3 4	1 2 3 4 Collision involving fixed object																																			
1 2 3 4	1 2 3 4 Collision involving other object																																			
1 2 3 4	1 2 3 4 Other _____																																			